

**PROJECT SUMMARY – CERTIFICATE OF NEED**  
**Michigan Department of Health & Human Services**

**CERTIFICATE OF NEED**  
South Grand Building  
333 S. Grand Avenue, 4<sup>th</sup> Floor  
Lansing, Michigan 48933  
(517) 241-3344 – Fax: (517) 241-2962

**AUTHORITY:** PA 368 of 1978, as amended  
**COMPLETION:** Is voluntary, but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.

The Department of Health & Human Services is an equal opportunity employer, services and programs provider.

**Project Description**

**Project Type** *(check all applicable categories):*

- ☐ Acquire an Existing Health Facility
- ☐ Begin Operation of Health Facility
- ☐ Replace Existing Health Facility
- ☐ Add Beds
- ☐ Replace Beds at Current Licensed Site
- ☐ Initiate Covered Clinical Service
- ☐ Replace/Upgrade Covered Clinical Service
- ☐ Expand Covered Clinical Service
- ☐ Relocate Covered Clinical Service
- ☐ Acquire Covered Clinical Service
- ☐ Covered Capital Expenditure
- ☐ New Construction
- ☐ Renovation
- ☐ Add Host Site
- ☐ Other (Specify)

**BED CHANGE:** *(Complete for Each Site – Use additional sheets as needed)*

Bed Type	Number of Beds		
	Current <i>Must Complete</i>	Proposed	Change
Medical/Surgical Beds - <i>Including Licensed Rehab Beds</i>			
Medical/Surgical Beds - <i>With NICU Designation</i>			
Medical/Surgical Beds – with Swing Bed Designation			
Nursing Home Beds - <i>Including HLTCU</i>			
Nursing Home Special Pool Beds – TBS/SCI			
Nursing Home Special Pool Beds – Behavioral			
Nursing Home Special Pool Beds – Hospice			
Nursing Home Special Pool Beds – Ventilator Dependent			
Nursing Home Special Pool Beds – Alzheimer's			
Nursing Home Special Pool Beds – Religious			
Nursing Home Special Pool Beds – Skilled (Rural)			
Psychiatric Beds – <i>Adult</i>			
Psychiatric Beds - <i>Child/Adolescent</i>			
<b>TOTALS ►</b>			

**CHANGE IN SERVICE:** *(Place an "X" in the appropriate box to indicate type of change)*

Service	New	Expand	Replace	Relocate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>